

Highlights:

- Nearly 17 million women are in need of publicly supported family planning services in the U.S.
- Publicly funded family planning clinics serve 6.6 million – or two out of five – women in need of services each year.
- California's Family PACT provider network is composed of both public and private providers as well as pharmacy distribution sites.
- In FY 02/03, a total of 2,121 providers were enrolled in the Family PACT Program, including 667 public/non-profit and 1,454 private providers.
- Family PACT's unique provider mix increases access to services, improves client choice, and serves more than half of women needing services in California.

Fact Sheet On

Provider Networks

Background

Nearly 17 million women and adolescents in the United States are in need of publicly supported contraceptive services and supplies.¹ Publicly funded clinics play a vital role in serving this population, providing a diverse array of family planning and reproductive health services to approximately 6.6 million poor and low-income women each year.² Unfortunately, lack of funds may prevent these clinics from meeting the substantial need in its entirety – only two out of five women in need of services receive them at a clinic.³ In addition, continuity of care at public facilities may be interrupted due to high rates of clinic turnover – between 1994 and 1997, one out of seven publicly funded clinics closed its doors or discontinued provision of family planning services.⁴

With nearly 30,000 private obstetrician/gynecologists and more than 40,000 family practice physicians in the U.S. (compared with 7,200 publicly funded clinics),⁵ inclusion of private providers in state family planning programs could increase access to and reduce unmet need for family planning services. A diverse provider network enables clients to select a provider that meets their specific preferences. For example, some clients, including adolescents, have a strong preference to receive family planning services from a provider who they believe will preserve their confidentiality. While many women seeking reproductive health services at public clinics would prefer to receive care at a private physician's office,⁶ access to public clinics remains critical, given that these facilities often offer a broader array of reproductive health services to clients.⁷

Family PACT Program

California's Family PACT Program provides clinical services for family planning and reproductive health at no cost to low-income residents, filling a critical gap in health care for the indigent, uninsured, and working poor. Women and men are eligible if they reside in California, are at risk of pregnancy or causing pregnancy, have a gross family income at or below 200% of the Federal Poverty Level,⁸ and have no other source of health care coverage for family planning services. Family PACT is administered by the California Department of Health Services, Office of Family Planning.

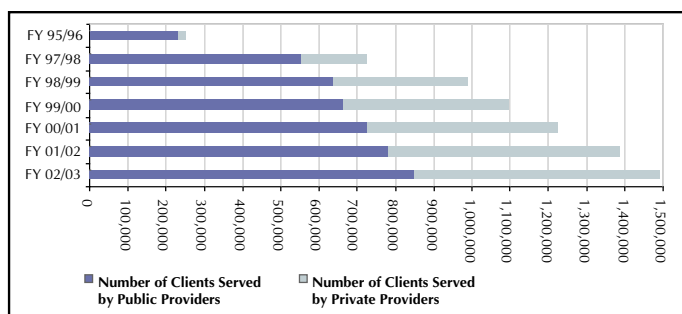
Provider Network under Family PACT

A model feature of the Family PACT Program is its expanded provider network, composed of public/non-profit and private providers. In addition, the Family PACT Program includes more than 4,000 pharmacy distribution sites for both prescription drugs and over-the-counter supplies to increase the accessibility of contraceptive methods for clients.⁹ To enroll, a provider must participate in the state's Medicaid program, Medi-Cal, attend an orientation session, and submit a completed Family PACT Application and Agreement to the Department of Health Services Provider Enrollment Unit. To ensure consistent, high-quality care, participating providers are required to adhere to Family PACT Program Standards in the areas of informed consent, confidentiality, availability of options, linguistic and cultural competence, access to care, clinical and preventive services, and education and counseling.

In fiscal year (FY) 02/03, a total of 2,121 clinician providers were enrolled in the Family PACT Program, including 667 public/non-profit and 1,454 private providers. Though increasing numbers of both types of providers have enrolled in Family PACT since program implementation in 1997, the most sizable growth has occurred among private providers – between the program's first two years, there was a 30% increase in private provider enrollment, compared with a 5% increase among public/non-profit providers. As private provider participation in Family PACT continues to grow, the proportion of clients seen by private providers has nearly doubled – from 24% in FY 97/98 to 44% in FY 02/03.



Trend in the Number of Family PACT Clients Served by Enrolled Clinician Providers, by Provider Sector



Note: Family PACT was implemented in 1997.

**Profile of Clients Served by Family PACT
Provider Type: FY 02/03**

	Provider Type	
	Private	Public/ Non-Profit
Female/Male Ratio	84:16	91:9
Average Age	28.7	25.5
Percent Latino	85%	52%
Percent Spanish as primary language	76%	37%
Average Parity	1.4	0.9
Average Monthly Income	\$863	\$674
Average Family Size	2.9	2.1

Benefits of an Expanded Provider Network

In a state as large and diverse as California, with both concentrated urban centers and remote rural areas, an expanded provider base increases the number and geographic accessibility of enrolled providers. As a result, growing numbers of clients are served by the program, with a corresponding reduction in unmet need for publicly funded family planning services – from FY 97/98 to 02/03, the number of clients served by Family PACT more than doubled, from 0.75 million to 1.57 million. Among low income women and men in need of services, 51% received them through Family PACT and an estimated 23% received them through Medi-Cal,¹⁰ thereby reducing unmet need to 26%.

Family PACT's unique provider mix also improves clients' choice, enabling more clients to seek care from providers best-suited to their specific geographic, linguistic, cultural, and other personal needs.¹¹ Program data corroborates that certain populations demonstrate a preference for one type of provider over the other, for example, in FY 02/03:

- Clients of private providers were more likely to be Latino (85%) than clients of public/non-profit providers (52%) and more frequently reported Spanish as their primary language (76% vs. 37%, respectively).
- The majority of adolescent clients (72%) sought care at public/non-profit providers, compared with 54% of adults.
- A greater proportion of male clients (58%) visited private providers than did female clients (42%).

Conclusion

Although public providers play a critical role in the provision of family planning services to poor and low-income individuals, they are unable to meet the large unmet need in its entirety. Diversifying provider networks in state family planning programs to include both public and private providers could increase the numbers of clients served and reduce unmet need nationwide. California's Family PACT Program illustrates how such a network enables growing numbers of clients to receive services from a provider who meets their specific needs.

This information was compiled by the University of California, San Francisco, Center for Reproductive Health Research & Policy under contract #00-90982 with the California Department of Health Services – Office of Family Planning.

1 The Alan Guttmacher Institute. Contraception Counts: California. 2004. Available at: http://www.guttmacher.org/pubs/state_data/states/california.html. Accessed July 2, 2004.

2 Frost JJ, Ranjit N, Manzella K, Darroch JE, Audam S. Family Planning Clinic Services in the United States: Patterns and Trends in the Late 1990s. *Family Planning Perspectives*. 2001;33(3):113-122.

3 Ibid.

4 Ibid.

5 Ibid.

6 Sonenstein FL, Leighton K, Schulte M. Reproductive Health Care Delivery: Patterns in a Changing Market. *The Western Journal of Medicine*. 1995;163(3):7-14.

7 Frost JJ. Public or Private Providers? U.S. Women's Use of Reproductive Health Services. *Family Planning Perspectives*, 2001;33(1):4-12.

8 For a family unit of one, 200% of the Federal Poverty Level is \$18,620, increasing by \$6,360 for each additional person.

9 Family PACT data presented in this fact sheet are drawn from Family PACT enrollment and claims data, and the Family PACT Program Report. Unpublished report 2004.

10 Greene D, Bley J, Mikanda J, Darney P, Stewart F. 2003. Access to Family Planning Services in the Era of Welfare Reform – Impact of the California Program. Paper presented at the Annual Meeting of the Population Association of America. Minneapolis, MN May 1-3.

11 Gold RB. California Program Shows Benefits of Expanding Family Planning Eligibility. *The Guttmacher Report on Public Policy*, October 2000.